



# Theresa House Volunteer Application

Sheltering Families and Women

512 E. Mulberry St. Mankato MN 56001

507-388-1664

Name: \_\_\_\_\_ Gender: Female/Male

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Volunteer Affiliation (circle one): Community Member, Church Member or Student

(If applicable) Name of church you attend \_\_\_\_\_

Availability <i>(Please note specific times such as 9a-11a, 3:30p-5:30p)</i>	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning						
Afternoon						
Evening						

I am willing to give \_\_\_\_\_ hours per week or \_\_\_\_\_ every two weeks or \_\_\_\_\_ month

What special interests or hobbies do you have? \_\_\_\_\_

What health problems or physical limitations do you have that may affect your volunteer activity? \_\_\_\_\_

References: Please list three people who are not related to you and have known you for at least one year. You may include employers.

<u>Name</u>	<u>Mailing Address</u>	<u>Day Phone #</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Are you a student volunteering for a service learning class or requires service learning or a religious education class? Yes \_\_\_\_\_ No \_\_\_\_\_

Class: \_\_\_\_\_ Required Hours: \_\_\_\_\_

Instructor: \_\_\_\_\_ Complete Hours By (date): \_\_\_\_\_

College, School or Church Name: \_\_\_\_\_

Will you volunteer after your hours are completed? Yes \_\_\_\_\_ No \_\_\_\_\_